

## Application Data Sheet

### Application Information

Application Type:: Utility  
Subject Matter:: Utility  
CD\_ROM or CD-R?: None  
Number of CD disk:: 0  
Number of copies of CDs:: 0  
Number of copies of CRF:: 0  
Title:: AUTOMATED MICROBIOLOGICAL TESTING  
APPARATUS AND METHOD THEREFOR  
Attorney Docket Number:: 01204.000005.1  
Total Drawing Sheets:: 12  
Small Entity?: No

### Applicant Information

Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: ALEXANDER  
Middle Name:: W.  
Family Name:: CLARK  
City of Residence:: Baltimore  
State or Province of Residence:: Maryland  
Country of Residence:: United States  
  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: PAUL  
Family Name:: GLADNICK  
City of Residence:: Seattle  
State or Province of Residence:: Washington  
Country of Residence:: United States

20050228 012300

Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name:: E.  
Family Name:: ARMSTRONG  
City of Residence:: Hunt Vally  
State or Province of Residence:: Maryland  
Country of Residence:: United States

Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: NICHOLAS  
Family Name:: BACHUR  
City of Residence:: Monkton  
State or Province of Residence:: Maryland  
Country of Residence:: United States

Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: KLAUS  
Middle Name:: W.  
Family Name:: BERNDT  
City of Residence:: Timonium  
State or Province of Residence:: Maryland  
Country of Residence:: United States

Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: DWIGHT  
Family Name:: LIVINGSTON  
City of Residence:: Fallston  
State or Province of Residence:: Maryland  
Country of Residence:: United States

### Correspondence Information

Correspondence Customer Number:: 5514

### Representative Information

Representative Customer Number::	05514
----------------------------------	-------

### Domestic Priority Information

Application::	Continuity Type::	Parent Appllication::	Parent Filling Date::
This Application	Division of	09/572,078	05/17/2000
09/572,078	Division of	09/083,130	05/22/1998
09/083,130	Non- Provisional of	60/047,481	05/23/1997

### Assignee Information

Assignee name:: Becton Dickinson Company  
Street of mailing address:: Becton Dickinson Microbiology Systems  
7 Loveton Circle  
City of mailling Address:: Sparks  
State or Province of mailing address:: Maryland  
Country of mailling address: United States  
Postal or Zip Code of mailing address:: 21152